



**STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
VITAMIN SETTLEMENT FUND APPLICATION SUMMARY SHEET**

ORGANIZATION SUMMARY

Organization (Name as it appears on your Certificate of Incorporation or other organizational document):

Doing Business as (List other names under which the organization conducts activities):

Political Subdivision (if appropriate):

Mailing Address (including zip code):

Phone:

Fax:

E-mail:

Web Address:

Name and Title of Chief Officer:

☐ 501 (c)(3)

☐ Federal Tax I.D. # _____

☐ State GET License I.D. # _____

☐ HI DCCA Business
Registration File # _____

☐ Other # _____

Name and Title of Person Completing this
Application:

Phone:

E-mail:

Phone:

Year Organization was established: Total Organization Budget: \$

Describe Organization Clientele/Membership Base:

Statewide/Counties/Neighborhoods served by organization in State of Hawaii and the number of persons served:

Purpose/Mission of Organization: (Proposals must be for projects consistent with the applicant's purposes as stated in their certificates of incorporation and/or other organizational documents and their applications for tax-exempt status.)

PROJECT SUMMARY

Summary of Proposed Project:

Population Served (Indicate specific groups project will serve):

Please affix this form to the application.



Checklist for the Vitamin Settlement Fund Applications

This checklist will assist you in preparing the Vitamin Settlement Fund Application package. Please attach this completed checklist to the front of your application to ensure compliance with the application process and to assist in the review process.

Attachments-Organizational Portrait

- ☐ Annual Operating Budget
- ☐ IRS 501(c)(3) Determination Letter, if applicable
- ☐ Audited Financial Statement
- ☐ Federal Form 990 including Schedule A, if applicable
- ☐ Annual Report
- ☐ Recent Articles

Project Specifications

- ☐ Project Abstract
- ☐ Project Narrative
- ☐ Project Budget Detail Worksheet/Budget Narrative
- ☐ Assessment

Certifications

- ☐ Privacy
- ☐ Funding
- ☐ Civil Rights
- ☐ Declaration



VITAMIN SETTLEMENT FUND APPLICATION INSTRUCTIONS

Before submitting an application, please read the Vitamin Settlement Fund Guidelines and these instructions carefully.

Please type all proposals. A not-for-profit corporation, charitable organization or political subdivision may only submit one Vitamin Settlement Fund Application. Five copies of the Vitamin Settlement Fund Application must be submitted.

Answer all of the questions in the order listed. If a question is not applicable, please indicate the reason. Incomplete applications will not be considered.

Applicants must use the forms provided. Please affix all attachments in the order requested and label attachments accordingly. Please do not include any materials other than those specifically requested.

Applications will not be considered for:

- Activities which are funded;
- Expenses incurred in development of the application;
- Ongoing general operating expenses or existing deficits; and
- Endowment or capital costs, acquisition or construction of buildings.

Applications will not be returned. You should retain a copy of your application and send only copies of relevant supporting documentation.

Please read carefully the certification section and complete it before a notary public.

MAIL YOUR COMPLETED APPLICATION BY CERTIFIED MAIL TO:

State of Hawaii
Department of the Attorney General
Commerce and Economic Development Division
425 Queen Street
Honolulu, Hawaii 96813

TELEPHONE NUMBER: (808) 586-1180

YOUR APPLICATION MUST BE RECEIVED BY THE CLOSE OF BUSINESS,
THURSDAY, DECEMBER 6, 2001. LATE APPLICATIONS WILL NOT BE CONSIDERED.